INCOME/EXPENSES SHEET

CLINIC/EVENT DESCRIPTION

VENUE

DATE

Number of Attendees (SRC members) | Cost per SRC Member

Number of Attendees (Non member) | Cost per Non Member

Descripton	**Receipts**	
	Cash	Cheques
Total Receipts		
	Expenses	
	Cash	Cheques
Total Expenses		
Monies to Treasurer, ie Receipts less Expenses		

Signed by the Organiser on (Date)